



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TX SPINE & SURGICAL HOSPITAL
18600 N HARDY OAK BLVD
SAN ANTONIO TX 78247

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-2724-01

MFDR Date Received

APRIL 23, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The hospitalization and surgery for [injured worker] dated December 13, 2011 through December 16, 2011 was precerted with Texas Mutual under authorization # 9206551. On December 1, 2011 Helen at Dr. Geibel's office spoke to Betty at Texas Mutual to extend the authorization up and through admission dated December 13, 2011-December 16, 2011. Betty authorized this extension but unfortunately did not update the Texas Mutual computer to show this call. According to Rule 134.600(t) it is the insurance carriers responsibility to maintain accurate records reflecting the preauthorization request... The fact still remains that the patients condition did not change in 12 days and Texas Mutual did authorize the surgery as medically necessary on two different occasions."

Amount in Dispute: \$7,588.08

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor argues it received a preauthorization date extension to the disputed dates of 12/13 through 12/16/11 under preauthorization number 9206551... The requestor goes on to state that '...On December 1, 2011 Helen at Dr. Geibel's office spoke to Better at Texas Mutual to extend the authorization...' through the disputed admission dates. Texas Mutual reviewed its claim file for any confirmation of this and is unable to corroborate the assertion made by the requestor. Absent such, no preauthorization was obtained for the disputed dates and no payment is due."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 270, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 13, 2011 through December 16, 2011	Inpatient Hospital Services	\$7,588.08	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization.
3. 28 Texas Administrative Code §134.404 sets out the guidelines for inpatient hospital facility fees.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 197 – Precertification/authorization/notification absent.
- 930 – Pre-authorization required, reimbursement denied.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.

Issues

1. Did the requestor obtain preauthorization?
2. Is the requestor entitled to reimbursement?

Findings

1. In accordance with 28 Texas Administrative Code §134.600(p)(1) non-emergency health care requiring preauthorization includes inpatient hospital admission, including the principal scheduled procedure(s) and the length of stay. Review of the preauthorization 9206551 dated November 1, 2011 shows authorization was obtained for an in-patient LOS of two days and L2-L5 laminectomy with spinal cord monitoring to be done at South Texas Spine & Surgical Hospital between the dates of November 1, 2011, through December 1, 2011- According to the requestor's position summary "On December 1, 2011 Helen at Dr. Geibel's office spoke to Betty at Texas Mutual to extend the authorization up to and through admission dated December 13, 2011 – December 15, 2011. Betty authorized this extension but unfortunately did not update the Texas Mutual computer to show this call." Although the requestor alleges that the carrier authorized the change in the original authorization, no documentation was found to support that the alleged conversation took place, or that a written extension was authorized by Texas Mutual Insurance Company. The division concludes that the required pre-authorization was not obtained.
2. The requestor failed to obtain pre-authorization for the services in dispute, for that reason, no reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

April 10, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.